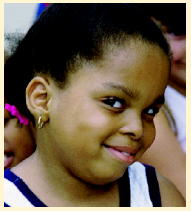

Tools for Transformation:

A Guide to Ohio's Coordinating Centers of Excellence and Networks

Ohio Department of Mental Health

Office of the Medical Director
Program and Policy Development

Spring 2005

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An Equal Opportunity Employer and Provider

Tools for Transformation:

A Guide to Ohio's Coordinating Centers of Excellence and Networks

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Dear Colleagues,

Thank you for reviewing this first edition of *Tools for Transformation: A Guide to Ohio's Coordinating Centers of Excellence and Networks*. This booklet contains information about Clinical Best Practice initiatives promoted by the Ohio Department of Mental Health through the efforts of state-affiliated Coordinating Centers of Excellence (CCOEs) and Networks. CCOEs and Networks are a crucial resource for improving clinical quality in Ohio's mental health system. I hope you will take the time to share this information with others, and to contact the resources listed for follow-up action.

Mental health in Ohio and nationally is at a critical juncture. The President's New Freedom Commission on Mental Health recommended transforming mental health toward a consumer-centered, recovery and resiliency oriented system that takes full advantage of the most effective treatments and supports available. Ohio's Networks and CCOEs serve as expert resources providing technical assistance and consultation to improve quality by promoting Best Clinical Practices. These practices integrate the desires and values of consumers, the knowledge and skills of the practitioners, and the best research evidence that links a particular intervention with a desired outcome. Mental health agencies can support the transformation of mental health care in Ohio by committing to recovery and resilience, adopting Best Clinical Mental Health Practices, measuring their effectiveness through Consumer-focused Outcomes, and using proven Quality Improvement tools and techniques.

In a transformed mental health system, recovery and resilience will be the expected outcomes, rather than vague *system* goals. Mohandas Gandi once said, "Be the change you want to see in the world." It is my hope that the information and resources contained within this booklet inspire you to take action to support recovery and resiliency through clinical best practices, such as those promoted by Ohio's CCOEs and Networks.

For more information about these initiatives, please contact ODMH representatives Lon Herman (hermanl@mh.state.oh.us) or Nancy Nickerson (nickersonn@mh.state.oh.us).

Best wishes,

Michael F. Hogan, Ph.D., Director
Ohio Department of Mental Health

The IDDT team began engaging a 22-year-old woman with bipolar disorder and methamphetamine addiction, who was incarcerated at the time they began working with her. Since her release from jail, the team assisted her in getting on an effective medication regimen, and in maintaining abstinence for four months at the time of this writing.

She has earned the praise of the judge who sentenced her and who had previously stated in court that he "expected her to fail" based on her track record in his court. She has completed her community service, re-established relationships with extended family, is living independently, and attending weekly group services offered by the team.

Practice Disseminated

The New Hampshire-Dartmouth Integrated Dual Disorder Treatment (IDDT) model is an evidence-based practice that improves the quality of life for persons with dual disorders by integrating substance abuse services with mental health services. The model includes the following key service philosophies and strategies:

1. Multidisciplinary Team
2. Stage-wise Intervention
3. Access to Comprehensive Services
4. Time-unlimited Services
5. Assertive Outreach
6. Motivational Interviewing
7. Substance Abuse Counseling
8. Group Treatment
9. Family Psychoeducation
10. Alcohol and Drug Self-help Group
11. Pharmacological Treatment
12. Interventions to Promote Health

Integrated Dual Disorder Treatment/SAMI CCOE

www.ohiosamiccoe.cwri.edu/intro.html

Program Description

The Ohio SAMI CCOE was initiated in 2001 to help mental health and substance abuse agencies throughout the State of Ohio develop and enhance services to persons with co-occurring mental and substance use disorders by supporting the implementation the New Hampshire-Dartmouth Integrated Dual Disorder Treatment (IDDT) model.

The CCOE provides program and clinical consultation, training and education, research and evaluation. It is a partnership between the Mandel School of Applied Social Sciences and the Department of Psychiatry, CASE School of Medicine, Case Western Reserve University in collaboration with the Ohio Departments of Mental Health and Alcohol and Drug Addiction Services.

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"I found out by happenstance that work was important to my recovery. I didn't think I could work, but my case manager felt that I was able to work. After a very bad relapse, my doctor said to start at a small job that I liked until I outgrew that, then keep moving up. I understand the wisdom in her words. I find out more about myself with each job that I take. It was a very big disservice to me when I couldn't work, because I was all by myself. I think in the world of work, you deal more with a few more solid realities and you are less hard on yourself."

– Anonymous

"When you are on case management your world is very small. Every bit of encouragement is big. Sometimes the only voice the consumer hears in a week is the case manager's voice. Sometimes he has to convince other people in his life that he can work and the case manager can help."

– Anonymous

Practice Disseminated

Supported Employment is a well-defined approach to helping people with mental illnesses find and keep competitive employment within their communities. The model is based on six key principles:

1. Eligibility is based on consumer choice
2. Supported employment is integrated with treatment
3. Competitive employment is the goal
4. Job search starts soon after a consumer expresses interest in working
5. Follow-along supports are continuous
6. Consumer preferences are important

Supported Employment/SAMI CCOE

www.ohiosamiccoe.cwru.edu/intro.html

Program Description

ODMH was awarded a Substance Abuse and Mental Health Services Administration (SAMHSA) grant in October 2003 to disseminate Supported Employment through the SAMI CCOE.

The CCOE helps organizations implement the Supported Employment model, maintain fidelity to the model, and develop collaborations within their communities through programmatic and clinical consultation, training and education, research and evaluation.

The SAMI CCOE is a partnership between the Mandel School of Applied Social Sciences and the Department of Psychiatry, CASE School of Medicine, Case Western Reserve University in collaboration with the Ohio Departments of Mental Health and Alcohol and Drug Addiction Services.

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Counties Engaged

"Cluster-based planning has been a great benefit to our organization. We have applied client clustering across all clients who have severe mental disabilities. Clustering information is utilized in clinical practice, quality improvement, utilization management and in other operational areas of our organization. We have a protocol-driven electronic treatment plan, based on client clusters, that can readily be modified based on individual differences across people within the same cluster. This process has improved clinical efficiencies and has assisted staff in better defining the collaborative work (between staff and clients) that is in the treatment plan. One of our more interesting projects emerged several years ago when we looked at our Unusual Incidents. We found significant differences in the causes of death by cluster. "Age appropriate" deaths occurred in one cluster, but generally not in the others. Accidental deaths were isolated in two clusters, and suicides occurred in a cluster that we would not have targeted for suicide prevention. Had we followed our initial instinct to create a health and wellness intervention prior to our more in-depth assessment, I know we would have wasted valuable resources. With cluster-based analysis, we can design appropriate interventions that are cluster-specific."

– Sandra Stephenson
Executive Director
Southeast, Inc.

Practice Disseminated

The Cluster-Based Planning model is a research-based approach to describing subgroups ("clusters") of clients based on their biopsychosocial histories, strengths, problems, and life situations. This information is used to identify client needs, and to guide staff training, service planning and outcomes management.

Cluster-Based Planning Alliance CCOE

Program Description

The Cluster-Based Planning Alliance CCOE is a joint initiative of Synthesis, Inc. and the Ohio Council of Behavioral Healthcare Providers. The CCOE provides Alliance agencies with training in cluster assessment, service planning and recovery planning, outcomes management and utilization of Outcomes data. The CCOE analyzes prevalence, utilization, billing and Outcomes data and provides individualized reports with comparative data to allow agencies to improve service and organizational planning, resource management and quality improvement efforts. The CCOE also provides more in-depth "experts training" and holds an annual user's group to encourage the sharing of best practices.

The Alliance

The Alliance includes 11 mental health agencies serving individuals with severe mental disabilities in urban and rural areas in Ohio. Alliance members share experiences and practices, and collaborate with one another to improve services across the membership.

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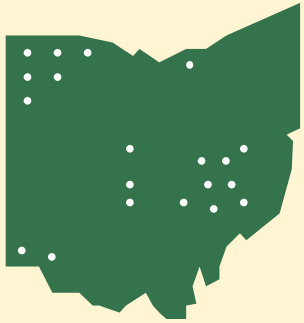

Individuals who are dually diagnosed (mental illness/mental retardation) are often misdiagnosed, over-medicated or shuffled between the mental health and mental retardation systems. For example:

"John" was a 33-year-old male with history of mild mental retardation and schizophrenia. He was experiencing daytime drowsiness, drooling, agitation and nighttime incontinence. John's psychiatric care was provided by a community health center clinician who had no training in MR/DD.

His medications included an antipsychotic; a drug to prevent side effects of the antipsychotic; a mood stabilizer; a seizure drug and a drug to treat aggression or high blood pressure. He had been on the same medications for 15 years, with periodic dosage increases.

After receiving care from a psychiatrist with training in MR/DD, John tapered off the five medications and started a newer antidepressant. John's sleep, energy, and function have improved, he has no psychotic symptoms, and his night-time incontinence ended.

John's diagnosis has changed to Major Depressive Disorder without Psychotic Features.

Practices Disseminated

- Clinical Best Practices based on expert consensus, including assessment, best medication practices, Recovery/Self-Determination models
- Building capacity to serve MI/MRDD needs
- Integration/coordination between MI and MRDD service systems
- Identification of additional best practices

Mental Illness/MR/DD CCOE

http://www.ohiomrdd.org/

Services Provided

The Mental Illness/Mental Retardation, Developmental Disabilities (MI/MRDD) CCOE was initiated in January, 2004 to promote services to individuals with MI/MRDD through multi-disciplinary training and consultation to clinicians and community programs across Ohio. The CCOE provides:

1. Regional trainings for service providers about clinical best practices for individuals with dual diagnoses;
2. Mini-grants to local systems to increase service capacity and foster collaboration at local levels across the state; and
3. Consultative services for clinicians and programs treating individuals with dual diagnosis. The CCOE also promotes research efforts and identification of funding sources to expand systemic and clinical best practices for individuals with dual diagnosis living in Ohio.

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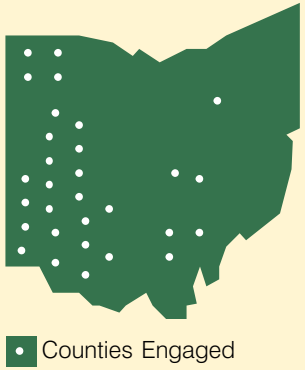

"Two weeks ago, I called home as I was getting ready to leave work. My older daughter answered. I asked that she put my husband on the phone. She took the phone to him. Then I heard her screaming. I knew my husband tried to harm himself. I called 911 and asked that a Crisis Intervention Team (CIT) trained officer be sent to our home. My husband, who has bipolar disorder and has been depressed lately, tried to commit suicide.

As I was driven home, I spoke to a CIT officer on the scene. It was such a comfort to know that the officer 'had a clue' about mental illness. After the ambulance took my husband to the hospital, she stayed with both of my daughters until I arrived. Then, she took time to speak with us supportively. My daughter also has mental illness. I was glad to hear that the officer at our high school was CIT trained. My daughter has never had a crisis there, but if she did, the officer could help. THAT gives my family peace of mind.

We hope this is only the beginning in helping officers feel confident responding to these crises."

– Anonymous

Practice Disseminated

The Sequential Intercept Model proposes a number of "points of interception" or opportunities where an intervention can be made that will keep an individual from entering or going "deeper" into the criminal justice system. The model includes pre-arrest diversion training to law enforcement and emergency service providers, as well as interventions to assist individuals post-arrest and at re-entry into the community from jails, state prisons, and forensic hospitalization.

Criminal Justice CCOE

www.neoucom.edu/CJCCOEW/about.html

Program Description

For communities interested in developing jail diversion programs, the CCOE provides technical assistance in the following areas:

1. Assists in identifying and convening the key stakeholders to begin a successful collaboration
2. Provides assistance in planning and implementation of the Crisis Intervention Teams with local law enforcement departments
3. Informs communities about available training and cross-training programs for law enforcement, court, jail and mental health professionals
4. Provides individualized community consultation and technical assistance
5. Provides information to communities regarding other model diversion programs

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Counties Engaged

"The IMR group is a good group to have available. I was diagnosed with Bipolar Disorder when I was 12 years old. So I have been a part of many groups in the past 17 years. All of them had one thing in common, they were all for people in the middle of a crisis. The IMR group was designed for people in recovery, giving the client hope for the future, and the ability to face the hurdles along the way."

– Amy L. Yates

"I have lived with depression for over 15 years. I had lost all sense of who I was and my value as a person. IMR appealed to me because it was going to teach me how to manage my mental illness.

The most valuable tool I have gained is an understanding of goals! IMR encouraged a wider definition of recovery in allowing me to define what recovery is to me. I still have bad days – but after years of bad days, a good day here and there is a huge success for me."

– Anonymous

Nine Program Components

1. Recovery strategies
2. Practical facts about mental illness
3. The stress-vulnerability model and treatment strategies
4. Building social support
5. Reducing relapses
6. Using medication effectively
7. Coping with stress
8. Coping with problems and symptoms
9. Getting your needs met in the mental health system

Practices disseminated:

The Illness Management and Recovery Program consists of a series of weekly sessions in which mental health practitioners help people who have experienced psychiatric symptoms develop personal strategies for coping with mental illness and moving forward in their lives.

Illness Management and Recovery (IMR) CCOE

www.mco.edu/depts/psych/ccoe/

Program Description

The IMR CCOE was initiated in 2002 to disseminate the IMR model to service providers, consumers, family members and policy makers throughout Ohio. The CCOE provides education, training, consultation and ongoing support to mental health agencies adopting the Illness Management and Recovery Model. Individuals with mental illness are included in all phases of implementation. In addition, the CCOE develops and disseminates curricula based on IMR principles to university training programs for psychiatrists and psychologists.

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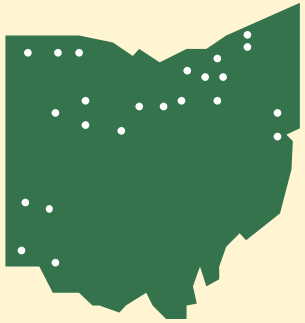

Counties Engaged

Also see Adult Recovery Network, page 22

Through their Partnerships for Success (PfS) process, Gallia County implemented Wraparound services as a strategy to increase school success. The Wraparound program is administered through Juvenile Court in partnership with the schools. Referrals come primarily from the schools and outcome measures are focused on classroom behavior, attendance and parental perceptions. Youth served in the program experienced an average 38 percent decrease in behavioral incidents and a 27 percent decrease in absences. Parents reported high satisfaction and increased feelings of hopefulness. One elementary school student had been presented to the Gallia County Cluster repeatedly over a two-year period. Episodes of disruptive behavior at school and in the community were causing distress for the family and school staff which led to his placement on home instruction. Following implementation of a wraparound plan that focused on the boy's strengths and strategies to meet the family's needs, there has been gradual improvement in all areas, including his ability to attend school in a regular classroom with supports.

Program Description

The Center for Learning Excellence (CLEX) was formed in August 2000 to support initiatives that promote the use of best practices in areas that impact student learning, including education, mental health, substance abuse, delinquency and violence prevention and family supports and engagement.

Center for Learning Excellence (CLEX) CCOE

http://cle.osu.edu

Practice Disseminated

Initiatives supported by the CLEX:

1. The Alternative Education Challenge Grant program, which promotes evidence-based practices in alternative education programs for children at risk for school failure and related problems
2. The Mental Health Network for School Success, which supports school-based mental health services and provides training and technical assistance to school districts to meet the mental health needs of children and adolescents
3. The Ohio Partnership for Success (PfS) Initiative, which promotes a countywide, cross-system approach to prevent and respond effectively to child and adolescent problem behavior

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Partnerships for Success Counties

Also see Mental Health Network for School Success, page 24

A family and school were struggling to keep an acutely suicidal 14-year-old girl with a serious bipolar disorder safe. The family relinquished legal custody to secure residential treatment.

In the first 90 days of treatment, the girl's depression increased. While being restrained by institutional staff, she resisted and injured staff. This prompted assault filings, court action and a recommendation for ODYS placement.

A FAST family advocate met with the family and the agencies involved. The advocate, with the support of the family and juvenile court judge, devised an alternative plan. The youngster is now at home, attending her local school and receiving Multisystemic Therapy. Custody has been restored to the family, the girl's crisis has passed, and she and her family are receiving treatment that is helping them cope successfully.

Practices Disseminated

- Multi-Systemic Therapy (MST)
- WrapAround
- Intensive Home and Community Based Services

Practices Under Review for Development

- Multidimensional Therapeutic Foster Care
- Functional Family Therapy
- Brief Strategic Family Therapy (Cuyahoga County SOC Grant)

Practices Under Evaluation

- MST adaptation with a caregiver substance abuse treatment element (Community Reinforcement Approach)-NIDA funded clinical trial
- Integrated Co-Occurring Treatment for youth with mental illness and substance abuse disorders

Center for Innovative Practices (CIP) CCOE

www.cipohio.org

Program Description

The Center for Innovative Practices was established in 2001 to identify and promote the use of specific behavioral health evidence-based practices for youth and their families. The CCOE's mission includes the following elements: 1. Identify and promote the use of specific evidence-based practices (EBPs) for youth and their families (e.g., Multi-Systemic Therapy); 2. Develop partnerships and affiliations to implement strategies; 3. Increase public awareness of and access to EBPs; 4. Assist communities with adopting and sustaining EBPs through consultation, training, and supervision; 5. Participate in state and local program and policy discussions and recommendations.

What is MST?

Multisystemic Therapy (MST), is an intensive family and community-based treatment program designed to improve youth and family functioning, eliminate the need for out-of-home placement, and reduce unlawful behavior.

http://www.mstservices.com/

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"My involvement in this project was a little strange because I wasn't doing very well when I was at the meeting where I first heard about algorithms, but I'm doing better now. I remember thinking that I wished I'd had something like this 25 years ago when I was first diagnosed. If someone has sat down with me and taught me about my illness, saying 'you need these medications and these are the symptoms, this is what you're facing,' a very straightforward kind of presentation of what I was up against, it would have made a tremendous difference in my recovery.

That is what I think of when I think of OMAP – just how valuable it is for a person who's initially diagnosed."

– Ohio NAMI member, NAMI Ohio News Briefs, Vol. 22(1)

Ohio Medication Algorithm Project (OMAP) CCOE

www.psychiatry.uc.edu/CQIR/CQIR/OhioMAP/

Practices Disseminated

OMAP is a quality improvement initiative that translates the latest available knowledge about medications into daily practice and promotes optimal recovery. The central focus of OMAP is to optimize the benefits of medication through on-going dialogue between consumers and their physicians about medication, side-effects, and quality of life issues. The CCOE promotes best medication practice guidelines and provides a consumer education program about medications and recovery.

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What is C-CAT?

The Consolidated Culturalogical Assessment Tools (C-CAT) are a set of training and promotional, assessment tools, and databases that can be used by a variety of shareholders in assessing their system's and/or organization's cultural competence. C-CAT results can be used to identify quality improvement strategies.

Consolidated Culturalogical Assessment Tools (C-CAT) CCOE

http://www.ccattoolkit.com/

Program Description

The C-CAT CCOE was initiated in July 2003 to: 1. Provide training on the C-CAT assessment and implementation process; 2. Implement marketing strategies focusing on diverse constituent groups; 3. Coordinate a C-CAT Users Group to establish best practices, 4. Disseminate information about the quality improvement application of the C-CAT assessment process; 5. Conduct research to validate and refine the C-CAT Toolkit.

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Recovery:

"A deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills and/or roles. It is a way of living a satisfying, hopeful and contributing life even with limitations caused by the illness."

– William Anthony

"Recovery means having something that engages me like a job, a place to volunteer, a hobby and a place that gives meaning to my life. It is a network of friends and family and knowing that I am not alone."

– Steven Oberlin, Summit County

"Recovery is going to sleep, not being afraid of tomorrow. It is waking up and looking forward to my day. It is living! Remembering the dark place where I was and having the knowledge and the ability to ask for help before I go there again. I'm not alone. Support comes not just from my loved ones but from within myself. I keep taking steps, not feeling sorry for myself anymore, but understanding and accepting that this is my path. To each his own way. I know I may breakdown again, but I can get back up....maybe not the same....but learning that I have and I will keep recovering the best of me!"

– Victoria Doepker, Jefferson County

Adult Recovery Network (ARN)

www.adultrecoverynetwork.org

Program Description

The Adult Recovery Network (ARN) is a voluntary association of consumers, family advocates and providers of services. The ARN mission is to identify common areas of concern among consumers and family advocates. With these common concerns as a base, the ARN is to generate recommendations that can help transform the mental health system so that it becomes more consumer and family driven, and recovery focused as described in the President's New Freedom Commission Report.

Primary Objective

The Network's primary objective is to identify all recovery-oriented mental health programs in the state of Ohio, and to increase awareness of the possibility of recovery for persons living with mental illness. Each of the programs is being described on the ARN website as it is identified.

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Counties Engaged in Fiscal Year 2005

Note: The ARN has engaged with many counties and looks forward to working with all counties state-wide over the next fiscal year.

"Our Family and Children First Board has made it our mission to provide all our schools with the assistance necessary to best help each individual child. Many of our children come to school with problems and stressors that make it impossible for them to learn. Teachers are not equipped or prepared to deal with some of these issues. As their responsibilities increase and accountability regarding academics is regarded as the true measure of success for our children, we realized that we could never expect to do this work in isolation again. Services can never be expected to work when a child and his family do not participate. A mental health counselor sitting in an office waiting for a family to show up after school may have all of the answers that family needs, but if they never show up, what good are the services?
Providing services to children and their families at the heart of their community - in the schools - makes sense."
– Kathy McLeish, Coordinator, Family & Children First, Muskingum County

Network activities:

- Promote awareness of the mental health, emotional and behavioral needs of pupils attending school in Ohio.
- Help to build capacity to promote and directly support the improvement and expansion of school-based mental health services in local communities.
- Provide direct training and technical assistance to designated audiences within the regional action networks who will in turn work toward the improvement and expansion of school-based mental health services at the local level.
- Seek in each case both to reduce barriers to learning and to support the positive efforts of children and families as they work to achieve success in school.

Mental Health Network for School Success

www.units.muohio.edu/csbmhp/network/

Program Description

In existence since 2001, the Ohio Mental Health Network for School Success (OMHNSS) consists of action networks spearheaded by affiliate organizations in six regions of Ohio.

The Network is funded by ODMH and the Ohio Department of Education with co-leadership provided by the Center for Learning Excellence at The Ohio State University, and the Center for School-Based Mental Health Programs at Miami University.

The mission of the Network is to help Ohio's school districts, community-based mental health and families work together to achieve improved educational and developmental outcomes for all children – especially those at emotional or behavioral risk and those with mental health problems.

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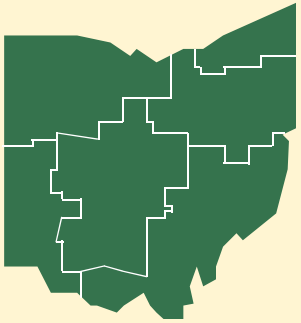

Regional Action Networks

Also see Center for Learning Excellence, page 16

Jim was released from prison after serving 11 years for aggravated robbery. He was moved to seven different prisons during his incarceration due to violent behavior toward other inmates and Corrections Officers. Diagnosed with schizoaffective disorder, he experienced auditory and visual hallucinations, rapid mood cycles, and was verbally aggressive and threatening. Upon release, he was placed in housing through Volunteers of America (VOA) and received several conduct warnings. The Forensic ACT Team worked with him regularly and arranged for him to get his own apartment. Jim had never lived alone, but has since secured an Excel certificate, has SSI, Medicaid, and a payee. He has been living independently and has been successful for seven months. He has borderline intelligence and requires frequent monitoring, medication training, assistance grocery shopping and coordinating his budget with his payee, but he is making progress in independent living skills. Jim has successfully completed his parole and is no longer on community supervision.

Practice Disseminated

Assertive Community Treatment (ACT) teams provide community based care and support to individuals with the most severe and persistent mental illness who have frequent relapses. A typical ACT team involves a multidisciplinary group with expertise in psychiatry, nursing, substance abuse, peer support, case management and vocational services. ACT teams help people to reduce the need for hospitalization and involvement with the criminal justice system; improve housing stability and escape homelessness; and, increase their quality of life. Ohio's provider agencies currently report plans to request certification for approximately 42 teams.

Assertive Community Treatment (ACT) Coordinating Center

Program Description

The Ohio ACT Coordinating Center promotes ACT as an Evidence Based Practice. The center provides education, training, technical assistance and fidelity evaluation to Ohio's ACT teams with a primary goal of Continuous Quality Improvement (CQI). The center acts as a clearinghouse that links ACT teams to resources necessary for implementation and ongoing service provision. It also serves as a "hub" for facilitation of ongoing communication and learning among Ohio's network of ACT teams. The Center collaborates with stakeholders on all activities, from the development of the Center itself to assisting programs in implementing this Evidence Based Practice (EBP). Currently, the Center is assisting ODMH as it finishes the ACT Certification Standards.

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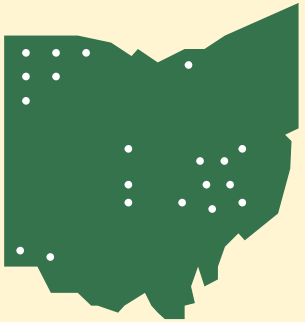

During the last 18 months, approximately $150,000 worth of Mental Health Housing Institute consultation services secured $4,010,796 worth of housing and services from HUD for persons with serious mental illness who were homeless.

Services Provided:

Housing is at the core of the recovery of individuals with severe and persistent mental illness. The Institute provides mental health housing consultation services to Boards and agencies which may not have enough local resources or expertise to address their local housing needs. Products of that consultation include the development of local housing plans, the development of local continuum of care, grant writing and training and education.

Mental Health Housing Leadership Institute

www.namiohio.org/html.housing.htm

Program Description

The goal of the Ohio Mental Health Housing Leadership Institute (MHHLI) is to increase the availability and quality of supportive housing options for persons living with a serious mental illness throughout the State of Ohio, and when possible provide the collective experience of the Institute to increase supportive housing for all citizens of the United States with a mental illness.

The Institute is accomplishing its mission through technical assistance, resource development, education of policy makers, advocacy, and system collaboration.

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How Do Practitioners Implement Clinical Best Practices?

The process of implementing an innovation such as a clinical best practice within a behavioral health organization requires careful planning and commitment. There is growing interest and an emerging body of evidence to help practitioners choose approaches that are evidence-based and to make the organizational and structural changes necessary to implement and sustain new practices within their organizations (e.g., Drake et al., 2001; Hyde et al., 2003; Panzano et al., 2004).

In Ohio, a study called The Innovation Diffusion and Adoption Research Project (IDARP) was conducted to identify factors and processes that influence the adoption and assimilation of evidence-based practices within organizations. The IDARP research team followed 90 behavioral health organizations as they made the decision to adopt a new practice and then proceeded to implement and assimilate the practice.

The preliminary findings of this study revealed several important lessons for service providers trying to implement clinical best practices. For example:

The effectiveness of the practice and the implementation process are influenced by factors at multiple levels

Examples include system-level norms, inter-organizational relationships between the adopting organizations and stakeholders/partners, organizational characteristics such as internal capacity to manage risks and respond to problems, and factors associated with the implementation process such as access to technical assistance.

All phases of the decision and implementation process are important.

Approaches and strategies that are used in early phases of project initiation and decision-making can affect later stages of implementation and outcomes. For example, implementation success is more likely when staff at all levels of an organization are included in the planning process.

Implementation strategies need to be sustained in order to have positive impacts on outcomes.

Sustaining a new practice over time requires continuous support and care. Implementation tactics such as demonstrating strong leadership support and closely monitoring fidelity to a model must be sustained in order to have positive impacts on outcomes.

For additional information about IDARP, contact:

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Additional Resources:

Drake, R.E., Goldman, H.H., Leff, H.S., Lehman, A.F., Dixon, L., Mueser, K.T.,& Torrey, W.C. (2001). Implementing evidence-based practices in routine mental health service settings. *Psychiatric Services*, 52(2), 179-182. http://ps.psychiatryonline.org/cgi/content/short/52/2/179

Hyde, Falls, Morris & Schoenwald (2003). *Turning Knowledge Into Practice: A Manual for Behavioral Health Administrators and Practitioners About Understanding and Implementing Evidence-Based Practices.* Technical Assistance Collaborative. Boston, MA. www.tacinc.org/index/viewPage.cfm?pageId=114

Panzano, P., Seffrin, B., Chaney-Jones, S., Roth, D., Crane-Ross, D., Massatti, R., and Carstens, C. (in press). *The Innovation Diffusion And Adoption Research Project (IDARP): Moving From The Diffusion Of Research Results To Promoting The Adoption Of Evidence-Based Innovations In The Ohio Mental Health System.* In D. Roth and W. Lutz (Eds.) New Research in Mental Health, Vol. 16. Columbus, Ohio Department of Mental Health. www.dssincorporated. com/Research/

Tools for Transformation:

A Guide to Ohio's Coordinating Centers of Excellence and Networks

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Other Resources

New Freedom Commission on Mental Health. (2003). *Achieving the Promise: Transforming Mental Health Care in America. Final Report*. (DHHS Pub. No. SMA-03-3832). Rockville, MD: Author. www.mentalhealthcommission.gov/

Ohio Mental Health Commission. (2001). *Changing Lives: Ohio's Action Agenda for Mental Health. Final Report.* Ohio Department of Mental Health. Columbus, OH. www.mh.state.oh.us/initiatives/mhcommission/boft.html

Substance Abuse and Mental Health Administration (SAMHSA), National Mental Health Information Center. http://mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/

Governor Taft's Strategic Plan to Improve Long-Term Services and Supports for People with Disabilities: Focus on Behavioral Health. www.ohioaccess.ohio.gov/appB.asp